
FINAL RECOMMENDATIONS FOR THE PHYSICIAN ASSISTANT COMMITTEE

Recommendations of the Department of Consumer Affairs and the Joint Legislative Sunset Review Committee (JLSRC)

ISSUE #1. (CONTINUE REGULATION OF THE PROFESSION AND THE COMMITTEE?) Should the licensing and regulation of physician assistants be continued, and the professions be regulated by an independent committee board rather than by a bureau under the Department?

Recommendation #1: *Recommend that physician assistants should continue to be regulated by the Physician Assistant Committee in order to ensure public health and patient safety.*

Comments: The nine-member Physician Assistant Committee (Committee) was created by the Legislature in 1975, when the licensing act establishing the profession of physician assistant was enacted. Physician assistants are dependent practitioners who work under the indirect supervision of a physician and perform many diagnostic, preventative and health maintenance services. These include performing physical examinations, establishing diagnoses, and performing minor procedures and surgery.

The growth of “managed care” has prompted increased reliance on physician assistants. They are being more widely used in hospitals, private practices, and community clinics throughout the state. Consequently, the number of physician assistants licensed by the Committee has increased.

The Committee licenses almost 4,000 physician assistants annually and has a budget of approximately \$1 million and a significant reserve of \$1.5 million. Nine members serve on the Committee – four licensees, four public members, and one licensed physician. The Department and the JLSRC last reviewed the Committee four years ago in 1997-98 and recommended the continued licensure of physician assistants and extended the sunset of the Committee.

Although physician assistants work under the supervision of a physician, they do engage in significant, independent interaction with patients. Physician assistants provide primary health care and some specialty health care to patients, requiring a high degree of education, training, and experience. Consumer protection is dependent upon vigorous credentialing of physician’s assistants. The Committee continues to provide an effective mechanism for consumer protection and licensure of physician assistants.

ISSUE #2: (SHOULD REPORTING REQUIREMENTS TO THE COMMITTEE BE ENHANCED?) Should disciplinary actions taken by a health care facility, such as suspension, denial or termination of a physician assistant's privileges within a health facility, be reported to the Committee? What other information should be reported to the Committee?

Recommendation #2: *Disciplinary actions taken by hospitals against physician assistants should be reported to the Committee, as well as felony convictions and malpractice settlements against the physician assistant.*

Comments: To enhance consumer protection, the Department and the JLSRC supports mandating the reporting of disciplinary action taken by hospitals against physician assistants to the Committee. In addition, felony convictions and malpractice settlements should be reported to the Committee. As increasing numbers of physician assistants are working in hospitals, physician assistants should also be included in the Business and Professions Code Section 800 reporting requirements. Receiving this information will enable the Committee to better monitor the performance of its licensees. This reporting requirement applies to other health practitioners and is beneficial to consumer protection. During this sunset review, the Department is also supporting the inclusion of physical therapists and acupuncturists in this reporting requirement.

ISSUE #3: (ASSURE PHYSICIAN ASSISTANTS ARE BEING UTILIZED IN UNDERSERVED AREAS AND PROGRAMS ARE BEING DEVELOPED FOR EDUCATION AND TRAINING OF PHYSICIAN ASSISTANTS?) What action should the Committee take to meet its legislative mandate to encourage the utilization of physician assistants in underserved areas of the State, and to allow development of programs for the education and training of physician assistants?

Recommendation #3: *The Committee should consult with the Office of Statewide Health Planning and Development (OSHDP) to assess whether physician assistants are being appropriately utilized in underserved areas and the Committee should promote the development of education and training programs for physician assistants throughout the state.*

Comments: During the Committee's last sunset review in 1997-1998, the JLSRC recommended that the Committee consult with OSHDP to assess whether physician assistants are being appropriately utilized in medically underserved areas, and with other appropriate agencies and educational institutions, to assure that programs are being developed for the education and training of physician assistants. Recommendations for improvement in both of these areas were to be forwarded to the Legislature for consideration by March 1, 2000. The Committee has not completed this project.

With the increasing shortage of health care providers in rural and medically underserved areas of the state, it is critical that licensing entities such as the Committee are proactive in identifying options to increase physician assistant supply and recruitment in these areas. Developing recommendations, in partnership with OSHDP, is an important step toward addressing this issue. The Committee should complete its report and provide its recommendations to the Department and the JLSRC no later than January 1, 2003. In the meantime, the Committee should provide the Department with quarterly progress reports.

Working with OSHPD, the Committee should identify areas in the state that are medically underserved and are facing a shortage of health care providers. Once these geographic areas have been identified, the Committee should take specific steps to outreach to physician assistants in those communities.

ISSUE #4: (ALLOW PHYSICIANS TO SUPERVISE FOUR PHYSICIAN ASSISTANTS?)
Should supervising physicians be allowed to supervise four physician assistants rather than just two, as is currently permitted by law?

Recommendation #4: The Committee should establish a four-year pilot project increasing the number of physician assistants a physician may supervise from 2 to 4 in medically underserved areas.

Comments: The Department and JLSRC support the Committee’s recommendation that it establish a pilot project in medically underserved areas that increases the number of physician assistants a physician may supervise from 2 to 4. As California’s population continues to grow, the need for health care providers, particularly in hard to recruit areas, also increases. Many primary health care providers in these areas already rely on physician assistants to expand the number of patients they can care for on a daily basis. Implementation of this pilot project would increase the number of Californians receiving care in these communities.

Prior to establishing the pilot program, the Committee should adopt a narrow definition of a “medically underserved” area and develop selection criteria to determine which facilities should be eligible to participate. The pilot project should also target the geographic areas of the state that are most underserved, as determined by its work with OSHPD. Additionally, the Committee should establish evaluation criteria and mechanism, concurrent with the pilot project. Once the Committee has done this research and identified the specific parameters of the program, the pilot project should be implemented.

ISSUE #5: (ENCOURAGE INTERNATIONAL MEDICAL GRADUATES TO BECOME PHYSICIAN ASSISTANTS?) **Should the Committee develop an outreach plan to identify and encourage International Medical Graduates to pursue training as physicians assistants?**

Recommendation #5: The Committee should develop an outreach plan aimed at reaching International Medical Graduates not currently working in the health care delivery system.

Comments: California’s focus on addressing health care provider shortages has necessarily increased attention on International Medical Graduates (IMGs) currently living in California who are not working in the health care delivery system. Many IMGs are working in non-health related occupations but are studying for California licensing examinations. Many are enrolled in educational programs to gain the additional training needed for licensure in California.

In order to access this resource and expand the pool of trained and licensed physician assistants, the Department recommends that the Committee develop an outreach plan to identify and encourage International Medical Graduates to pursue training as physician assistants. IMGs may not be aware of the physician assistant education and training programs, but would be well prepared to go through those programs and work as dependent practitioners.

The Committee's outreach plan should include ways to identify International Medical Graduates and to inform them of opportunities as physician assistants. Additionally, the Department recommends that the Committee designate a staff liaison to work directly with IMG's.

ISSUE #6: (ELIMINATE SECOND PATHWAY TO LICENSURE FOR PHYSICIAN ASSISTANTS?) Should a "second pathway" to licensure, that allows a graduate of medical school to apply for a physician assistant license, be eliminated as recommended by the Committee?

Recommendation #6: *The Committee should preserve and modify the "second pathway" to licensure.*

Comments: Currently, the Business and Professions Code allows an alternative licensing pathway, the "second pathway", to physicians who have graduated from an approved U.S. or Canadian medical school. The second pathway to licensure could serve as an important mechanism to facilitate the entrance of graduates of U.S. or Canadian medical schools into the profession. The Committee points out that a candidate for licensure who did pursue this pathway would not be eligible to sit for the written examination as they have not graduated from an accredited physician assistant training program, as a result of a requirement of the National Commission on Certification of Physician Assistants.

Clearly, the fact that no U.S. or Canadian medical school graduate has ever pursued this licensure pathway, demonstrates the need for reform. Rather than eliminating the second pathway, however, the Department and the JLSRC recommends that the Committee look at ways in which the program could be made more functional, either through the development of an alternative examination or through a change of the National Commission on Certification of Physician Assistants' policy. The Committee should continue to look at ways to make the second pathway more accessible, prior to the next sunset review. Recognizing the need to expand the number of qualified health care providers in California, it is important to preserve this option that facilitates licensure by qualified International Medical Graduates.

ISSUE #7: (ALLOW FOR "PROBATIONARY CERTIFICATE?") Should the Committee be granted authority to provide a "probationary certificate," similar to the Medical Board, for applicants who may otherwise be denied a license because of prior convictions?

Recommendation #7: *The Committee should be granted authority to provide a "probationary certificate."*

Comments: At least one other health care regulatory agency, the Medical Board of California, has legal provisions to grant a probationary certificate which allows an individual to practice with certain restrictions, if he or she has had convictions prior to licensure. The certificate serves as an initial license – if the licensee successfully completes the term of their practice requirements, they receive a clear and unrestricted license. If they do not, their license is revoked.

The Committee has made a compelling argument that while the annual volume of such applicants is estimated to be less than twenty cases, the authority to grant a licensee a probationary certificate would provide an efficient and cost effective means for the Committee staff to monitor applicants who may

have had convictions prior to licensure. To assure meaningful oversight of these licensees, the Committee should develop a data collection and tracking system to evaluate the success of the probationary certificate mechanism. The Committee should work with the Department to develop this tracking system and should provide the Department with regular progress reports on the use of this authority. With the establishment of this mechanism, the Department recommends the Committee be given authority to provide probationary certificates. The Department makes a similar recommendation this year in our report on the Physical Therapy Board.